

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1530 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, July 18

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Agnes Tracy

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — Years, 3 Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balls Bluff

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 836 Huford Ave

Cause of Death, { First (Primary), Second (Immediate), } Marasmus
Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, July 19th 1887

{ Undertaker, Evans & Spence J. H. Robinson M. D.

Medical Attendant.

{ Place of Business, 1000 E. Balto Address, 715 Green St Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1531

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell
correctly. If an Infant
not named, give names
of parents.

Sex, ~~Male~~ or Female, { Cross out the word not
required in this line. }

Age, _____ Years, 10 Months, 0 Days.

Color.

Married, Single, Widow or Widower, { Cross out the words not
required in this line. }

Occupation,

Birth Place, { State or country, and how
long in the United States,
if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and }
Number.

Cause of Death, { First (Primary),-----
Second (Immediate),-----

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Easton Centre

Date of Burial, July 20th 1887

(Undertaker, C. Schloman

Place of Business, 1037 Hanover

O. A. Cooke M. D.

Medical Attendant

Address, 104 Fort-an

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[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1532 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 19 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary M. Mann

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 66 Years, — Months, — Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 41 years

Place of Death, { Give Street and Number. } 720 S Bond St

Cause of Death, { First (Primary), Second (Immediate), } Cholera morbus
collapse

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, July 21 1887

{ Undertaken, } John C. Schuch 113 Arnolds M. D.
Place of Business, 265 N. Ave Address, St. Leger St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1533

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH. JUL 20 1887

Date of Death, July 19th 1887

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Susanna Doer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years, 4 Months, 7 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, { Give Street and Number. } 10425 5th St

Cause of Death, { First (Primary), Second (Immediate), } Cholera morbus
Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, July 20th 1887

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Address, 6105 Sharp St

Medical Attendant.

M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, MD 1132. Printed 10/27/2022.

Health Department, City of Baltimore.

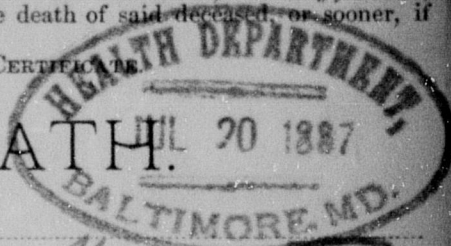
Permit No. A-1534 Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.



Date of Death, 7.18.87

Full Name of Deceased, Ann Jane Ware

Sex, Female

Age, 95 Years, _____ Months, _____ Days.

Color, red

Married, Single

Occupation, ?

Birth Place, Virginia

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, 814 Tyson

Cause of Death, Probably age - I have not seen this man lately but they say no one has seen her since I attended her.

Duration of Last Sickness, ?

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, July 28th 1887

Undertaker, Alex Hensley

Place of Business, 56 Orchard St

Wm M. Corman M. D.
Medical Attendant.
772 Leech

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1535 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ~~sooner~~, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 18 1887

Full Name of Deceased, Angalia H. [unclear]
{ Write legibly and spell correctly. If an infant, not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, [unclear]

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, [unclear]

Place of Death, Cross Lendall Hall
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cem

Date of Burial, July 20 1887

{ Undertaker, John Herwig Medical Attendant, Thos. Crook M. D.

{ Place of Business, 2008 Orleans Address, 578 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *A 1536*

Office of Registrar of Vital Statistics.

Ward *6*

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 18 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *George Henry Anderson* **B**

Sex, *Male* or *Female*, { Cross out the word not required in this line. }

Age, *1* Years, *7* Months, *7* Days.

Color, *white*

Married, *Single*, *Widow* or *Widower*, { Cross out the words not required in this line. }

Occupation, *none*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *1725 Orleans St Balt*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give Street and Number. } *1725 Orleans St*

Cause of Death, { First (Primary), *Dentition*
Second (Immediate), *Convulsion* }

Duration of Last Sickness, *1 day*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel Cem*

Date of Burial, *July 20 1887*

{ Undertaker, *John Herwig*

J. H. Grop M. D.

Medical Attendant.

{ Place of Business, *2008 Orleans St* Address, *1435 John*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A/537

Office of Registrar of Vital Statistics.

Ward 1

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CERTIFICATE OF DEATH

Date of Death, July 18th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabel Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, 24 Months, 24 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 224 S. Patterson Park Av

Cause of Death, { First (Primary), Second (Immediate), } Insolation

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cem.

Date of Burial, July 29th 1887

{ Undertaker, H. Sander & Son

{ Place of Business, 1700-10 Canton Av

J. H. Liddick M. D.
Medical Attendant

319 W. Locomotive St

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 7538

Office of Registrar of Vital Statistics.

Ward

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 19th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles O. Bell

Sex, Male or Female, { Cross out the word not required in this line. }

C

Age, Years, Months, Days.

4 18

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

44 Williamsburg

Cause of Death, { First (Primary), Second (Immediate), }

Chorea Infantis Marasmus

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, July 21st

Undertaker, B. Harle

Theron C. G. M. D.

Place of Business, 115 West St

Address, 57 S. Hancock

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[OVER.]

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Health Department, City of Baltimore.

Permit No.

A 1539

Office of Registrar of Vital Statistics.

Ward

15

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

July 18th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Ann

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

Years,

18

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

England

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death,

{ Give Street and Number. }

107 W. Montgomery St.

Cause of Death,

{ First (Primary),

Second (Immediate),

Cholera Infantum.

Duration of Last Sickness,

About one week.

All the above information should be furnished by the Physician.

Place of Burial,

Ches. Shalom

Date of Burial,

July 20. 1887

{ Undertaker,

Evans & Spence

J. P. White

M. D.

Medical Attendant.

{ Place of Business,

1000 E. Baltimore St.

Address,

Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]